

Using Collaborative Approaches to Reach Human Resources for Health (HRH) Goals

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The purpose of this technical brief is to offer best practices and lessons learned from a combination of key themes in current literature and practice regarding the benefits of collaborative ventures. The brief suggests some plausible answers to the following questions:

1. What are the benefits of participating in a collaborative venture?
2. What are the challenges and common pitfalls that can occur?
3. What does it take to collaborate productively and to sustain the collaboration?

By collaborative ventures we mean the various ways that individuals or groups choose to work together for a common purpose. Terms to describe such ventures include the following:

Collaboration: to work jointly with others especially in an intellectual endeavor (Merriam-Webster Online Dictionary)

Affiliation: to work together, especially in a joint intellectual effort

Alliance: a close, collaborative relationship between two or more organizations with the intent of accomplishing mutually compatible goals that would be difficult for each to accomplish alone (Spekman and Isabella, 2000)

Partnership: two or more organizations with complementary areas of expertise committing resources and working together to achieve a mutually beneficial outcome that would have been difficult for each to reach alone (Gormley, 2001).

In practice the terms affiliation, alliance and partnership are often used interchangeably, and while a particular organization may have its own definition for the term they have selected to use, there do not seem to be commonly agreed upon definitions that differentiate among the terms. In this technical brief we will use them interchangeably.

Why are Collaborative Approaches Important to HRH?

The complex and wide-ranging challenges related to human resources for health care in developing

countries cannot be solved by a Ministry of Health or any organization working alone. The burdens (for example, the HIV/AIDS pandemic) are too great and the issues (such as worker shortages, low retention and inadequate training and support) are too overwhelming. The World Health Report 2006, *Working Together for Health*, advises nations to develop plans of action to address critical health workforce issues. Implementing these plans necessitates that stakeholders work together through inclusive alliances and networks—local, national and global—that cut across priority areas of health care, professions, disciplines, ministries, sectors and countries. The report advocates for cooperative structures to pool limited expertise and fiscal resources and promote mutual learning.

The number of partnerships, alliances and affiliations formed to tackle health problems has grown substantially over the years, at the global and country levels. For example, 80% of the funding for global health from the Bill and Melinda Gates Foundation consists of investments in alliances and partnerships (Gates Foundation, 2002). The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), a partnership among governments, civil society, the private sector and affected communities, has committed US \$5.4 billion in 131 countries (GFATM website, 2006). Figure 1 provides examples of ongoing collaborative ventures.

Many partnerships and alliances have been formed to address specific diseases or health problems. A number of “public-private partnerships” among pharmaceutical companies, academic institutions, nongovernmental organizations (NGOs) and multilateral organizations focus on research and development of drugs to combat some of the maladies that mainly affect the poor. Similar attention to and reliance on collaborative ventures must be employed to address the critical issues in HRH.

What are the Benefits of Participating in an Alliance?

There are many tangible benefits to participating in collaborative alliances or partnerships to

Figure 1: Examples of Global and Country-Level Collaborative Ventures

- GAVI Alliance (the Global Alliance for Vaccines and Immunization)
- GAIN (Global Alliance for Improved Nutrition)
- Stop TB Partnership
- Partnership for Safe Motherhood and Newborn Health
- Global Polio Eradication Initiative
- World Health Professions Alliance
- Bosnia: alliance among USAID, the United Nations Foundation and UNICEF to respond to the needs of orphaned children
- Kenya: alliance (the Interagency Coordinating Committee) among the National AIDS Control Council, the Ministry of Health and donors to harmonize the national response to HIV/AIDS
- Rwanda: partnership among the Ministry of Health, U.S. government agencies, NGOs, faith-based organizations, the Elizabeth Glaser Pediatric AIDS Foundation, Columbia University and training and research institutions to implement President's Emergency Plan for AIDS Relief workplans
- Uganda: alliance among stakeholders including the Ministry of Health, Aga Khan University, Makerere University, Health Resources and Services Administration and USAID to strengthen the country's human resources information system

address challenging HRH issues. By creating new value together (Kantor, 1994), collaboration enhances partners' ability to:

- Expand capabilities and "do more with less," thereby enhancing what a single country, organization or person's resource base usually permits
- Gain access to complementary areas of expertise, knowledge, skills, technology and resources
- Share or reduce the risk of implementing new initiatives that individual partners might not undertake on their own
- Facilitate learning, share and create new knowledge and potentially lead through innovation
- Leverage resources and avoid duplication of investments and activities
- Accelerate momentum and mobilize funding and resources by building a common "brand" that gains credibility and support
- Raise the public profile of the challenge being addressed.

Why Do Some Collaborative Ventures Under-Perform?

While there are compelling reasons for using alliances to address health care issues, experiences have been mixed. Some alliances have been highly successful, but many others have not lived up to expectations (Merrill-Sands and

Sheridan, 1996). Achieving success through collaborative ventures can appear to be deceptively simple when, in fact, forming and operating a successful alliance or partnership can be a complex and resource-intensive undertaking.

The following are ten reasons why alliances under-perform (Buse, 2004):

1. Absence of clear and explicit agreement on goals and objectives
2. Failure to establish clearly specified and commonly understood roles and responsibilities, ways of working and mechanisms for decision-making
3. Unresolved conflicts related to goals, approaches and work styles
4. Leadership that either lacks the needed skills or fails to invest the time to effectively guide the collaboration
5. Inability to hold partners accountable to meet commitments and deadlines
6. Inattention to the process of building trust among partners
7. Lack of transparency about critical information and decision-making processes
8. Unhealthy competition among partners for resources and credit for accomplishments
9. Absence of needed competencies among organizations to form an effective alliance or prepare and train staff for working collaboratively
10. Imbalance in power equity among partners (i.e., one or more partners dominate the process while other partners feel undervalued and powerless).

Failing or poorly performing alliances can be quite costly. Troubled collaborative ventures can consume considerable management time and resources, taxing already over-burdened organizations that end up with very little to show for their efforts. As staff members employed in failing collaborations grow frustrated, their motivation and energy decline. Alliances are built on trust. When they falter, distrust often develops, leaving anger and resentment that endure far longer than the life of the failed or disappointing collaboration.

A study on the operation of a successful partnership found that over a two-year period the cost of managing the partnership was approximately 1.75 percent of the \$12 million gross revenue expended annually. Analysis indicated that the cost of "fixing" the partnership were it functioning poorly would run as much as 2.5 percent of project revenue (Killian and McCaffery, 2001).

What Does It Take to Create and Sustain an Effective Alliance?

Building an effective alliance is both an art and a science. The art of partnering calls for vision, careful and deliberate listening, mentoring, facilitation, negotiation and creative problem-solving. The science of partnering demands critical thinking and analysis, historical perspective coupled with state-of-the-art technical competence, systems understanding, administrative and information technology skills, planning, monitoring and evaluation and managing for results.

Whether a collaborative venture is formal, such as the various global health alliances, or as informal as local NGOs, faith-based organizations and stakeholders affiliating to achieve a common objective, applying a set of nine principles and practices is imperative for an alliance to achieve its results. These principles and practices are straightforward and easy to understand, yet there is a tendency to underestimate the effort it takes to apply them wisely and the consequences of not applying them.

An agreed-upon and compelling purpose: A clear purpose shared by all alliance members and a minimal number of well-defined goals that are specific, measurable, achievable, realistic and time-bound (SMART) are important for success. Each alliance member should have a clear scope of work that outlines that organization's role and responsibilities (Druce and Harmer, 2004).

Strong, participatory leadership: From the very start, leaders need to demonstrate their eagerness to develop a collaborative relationship and to build shared ownership of the challenges and outcomes. Leaders must see the potential of the partnership and communicate this vision in inspiring ways. They should understand and address the differing interests of each partner organization and work to facilitate management of boundaries and resources in ways that are seen as fair and equitable (Gormley, 2001).

Governance: An important component of a successful alliance is good governance. For an alliance to be effective, the governing structure must appropriately fit the overall goals of the venture and be predicated on how closely alliance partners must work together in order to maximize value. These structures can range in intricacy from a "simple affiliation" (e.g., a thematic group or task force) to a more complex alliance with a "lead partner" (e.g., many USAID projects and large global health alliances). It is important to establish a structure that balances the desire for rapid progress with the need for wide participation. The agreed-upon governance structure

should be clearly defined in a Memorandum of Understanding (MOU) that all partners can rely upon for the duration of the alliance (Druce and Harmer, 2004). The MOU should capture agreements among partners on visibility, authorship and intellectual property rights.

Attention to process: Collaborative ventures are more successful if partners establish clear agreements on the ways they will work together. Agreements should be reached and clearly documented on basic communication practices, how key decisions will be made, how performance feedback will be given and how conflicts will be resolved (Gormley, 2001). Conflict between alliance members is often a natural outcome of engaging in strategic thinking and reaching key agreements; however, when conflicts remain unresolved they can become a major problem that impairs the progress of the alliance. Conversely, conflicts that are resolved effectively and in a timely fashion can actually strengthen collaboration.

Power equity: For an alliance to be successful, member organizations must feel they are able to influence the direction and focus of the work to be accomplished. Each partner must feel valued and respected by other partners. If one or two organizations dominate the alliance, other members feel marginalized and resentment can develop. Alliances in which partners are generally positive about one another and express a shared sense of power equity are frequently seen as effective. On the other hand, alliances in which one partner is seen as being dominant, non-consultative and over-controlling are recognized as less effective in their outputs (Druce and Harmer, 2004).

Trust: Research suggests that trust is perhaps the most critical component to ensuring a partnership functions effectively. When partnerships are less able to reach agreements collaboratively and share information and communicate transparently, partners become more critical of one another and less trusting. Organizations build trust by completing transactions successfully over time and demonstrating they are capable of fulfilling commitments (Merrill-Sands and Sheridan, 1996).

Accountability: The success of a collaborative venture often depends upon each contributing partner fulfilling their responsibilities and commitments in a timely and high quality manner. Accountability can be undermined when partners fail to carry out planned activities or do them poorly, leading others to believe that resources have been wasted. Targets, indicators and specific workplans with clear deliverables that

The Need for Strong Leadership

While the principles for creating and sustaining effective alliances are easy to understand, applying the principles calls for strong, participatory leadership skills that staff in key positions sometimes lack. Consider Global Fund to Fight AIDS, Tuberculosis and Malaria grants, which require the formation of a national Country Coordinating Mechanism (CCM) as the governance structure for managing the grant. Members are drawn from public- and private-sector stakeholder groups throughout the country and elect a chair and vice chair. In many countries these CCMs are performing well, but in others they are struggling to overcome daunting leadership challenges. Common problems include resolving issues between governmental and civil society organizations, reaching consensus when members are from very diverse organizations, monitoring performance of implementers and deciding how to act when performance is faltering, and ensuring that stakeholders feel resources are being allocated fairly and transparently.

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are monitored for results can help to create an environment of mutual accountability among partners (Gormley, 2001).

Conclusion

Since collaborative ventures are integral to meeting the multi-sectoral and multi-disciplinary challenges of strengthening HRH in developing countries, it is imperative that these affiliations, alliances and partnerships are able to reach their potential and perform at optimum levels. Many of the principles behind good partnering are

based on values that are widely supported and easy to understand. However, the individual and organizational performance required to bring these principles to life is often quite difficult and challenging to achieve. Effective partnering requires serious attention, investment of resources and often new skills and behaviors from staff. Best practices, lessons learned, tips and tools should be readily available to help guide alliance champions, leaders and partner staff as they participate in collaborative ventures to accomplish their important work.

References

- Bill and Melinda Gates Foundation. Developing successful global health alliances. Seattle, WA: Bill and Melinda Gates Foundation, 2002. Available: <http://www.gatesfoundation.org/nr/downloads/globalhealth/GlobalHealthAlliances.pdf>
- Buse K. Global health partnerships: increasing their impact by improved governance. GHP Study Paper 5. London, UK: DFID Health Resource Centre, 2004. Available: <http://www.dfidhealthrc.org/shared/publications/GHP/Governance%20FINAL1.pdf>
- Caines K et al. Assessing the impact of global health partnerships: synthesis of findings from the 2004 DFID studies. DFID Health Resource Centre, n.d. Available: <http://www.dfidhealthrc.org/shared/publications/GHP/GHP%20Synthesis%20Report.pdf>
- Chen L et al. Human resources for health: overcoming the crisis. *The Lancet*. 2004;364:1984-90. Available: <http://www.thelancet.com/journals/lancet/article/PIIS0140673604174825/fulltext>
- Druce N, Harmer A. Determinants of effectiveness: partnerships that deliver: review of the GHP and 'Business' Literature. GHP Study Paper 6. London, UK: DFID Health Resource Centre, 2004.
- Global Development Alliance Secretariat. Tools for alliance builders, version 11/06/02. USAID, 2002.
- Global Fund to Fight AIDS, Tuberculosis and Malaria [website]. Accessed 13 Jun 2006 at: <http://www.theglobalfund.org/en/>
- Goede H, Ansari WE, eds. Partnership work: the health service-community interface for the prevention, care and treatment of HIV/AIDS. Geneva, Switzerland: World Health Organization, 2003. Available: http://www.who.int/hiv/pub/prev_care/en/37564_OMS_interieur.pdf
- Gormley W. Selecting partners: practical considerations for forming partnerships. Tips and Tools Series: Collaborative Alliances. The Organizational Change Program for the Consultative Group for International Agricultural Research and Training Resources Group, Inc., 2001. Available: http://www.trg-inc.com/orgchange/electronic_partnerships.pdf
- Gormley W, Spink L. Working with diversity in collaborations: tips and tools. The Gender and Diversity Program of the Consultative Group for International Agricultural Research and Training Resources Group, Inc., 2002. Available: http://www.genderdiversity.cgiar.org/publications/genderdiversity_WP39.pdf
- Kantor RM. Collaborative advantage: the art of alliances. *Harvard Business Review*. 1994;72(4):96-108.
- Killian R, McCaffery J. Hidden costs of ineffective partnerships. 2001 (unpublished).
- Merriam-Webster Online Dictionary [website]. Merriam-Webster, Inc., 2006. Accessed 14 Jun 2006.
- Merrill-Sands D, Sheridan B. Developing and managing collaborative alliances: lessons from a review of the literature. Boston, MA: Support Program in Organizational Change for the CGIAR Centers, Simmons Institute for Leadership and Change, Simmons College, 1996. Available: <http://www.trg-inc.com/orgchange/DevManagingPartnership.pdf>
- Morrison D. Understanding public-private partnerships. United Nations Foundation, 2003.
- Partnering Initiative. Partnership brokers in practice. Adapted from: Tennyson R, Wilde L. The Guiding Hand. The International Business Leaders Forum and the United Nations Staff College, n.d. Available: <http://thepartneringinitiative.org/mainpages/rb/tools/brokers/docs/BrokersInPractice.pdf>
- Program for Appropriate Technology in Health (PATH). Creating and sustaining collaborative alliances: a practical guide for PATH staff. Seattle, WA: PATH, 2003.
- Program for Appropriate Technology in Health (PATH). PATH's guiding principles for private-sector collaboration. Seattle, WA: PATH, 2005.
- Program for Appropriate Technology in Health (PATH). A handbook on collaboration. Seattle, WA: PATH, n.d.
- Scott L, ed. Partnership matters: current issues in cross-sector collaboration. Cambridge, UK: University of Cambridge, 2005.
- Spekman RE, Isabella LA. Alliance Competence—Maximizing the Value of Your Partnerships. New York, NY: John Wiley & Sons, Inc., 2000.
- Tennyson R. The Brokering Guidebook: Navigating Effective Sustainable Development Partnerships. The Partnering Initiative, 2005. Available: <http://thepartneringinitiative.org/mainpages/rb/toolbooks/broker.php>
- Tennyson R. The Partnering Toolbook. International Business Leaders Forum, International Atomic Energy Agency (IAEA), and the Global Alliance for Improved Nutrition (GAIN), 2005. Available: <http://thepartneringinitiative.org/mainpages/rb/toolbooks/actual.php>
- World Health Organization (WHO). Working together for health: the world health report 2006. Geneva, Switzerland: WHO, 2006.

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